

819 / 76 94 76 12 / 64

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30		2				
31		2				
32	1					
33						
34						
35						
36						
37		3				
38		3				
39		2				
40		2				
41		3				
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	85					
TOTAL CLAIMS	91					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53		1				
54		1				
55	1					
56		4				
57		3				
58		1				
59		1				
60		1				
61		1				
62		1				
63	1					
64		1				
65						
66						
67						
68						
69						
70						
71						
72						
73						
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

164
248
97
14
84
21
85